DEPARTMENT OF HEALTH AND FAMILY SERVICES Division of Disability and Elder Services Printed 07/28/2006

Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006 Community Based Residential Facility CLASS AA (AMBULATORY) STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

Facility Information

Facility Name: FAITH HOUSE (0009116) Address: 432 JOY AVE, RIPON, WI 54971

License Status: REGULAR

Licensed/Certified/Registered 04/01/2001

Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5240

Survey History

Survey ID: 0093679 End Date: 11/19/2004 Type: OTHER Purpose: VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0093226 End Date: 08/03/2004 Type: ABBREVIATED Purpose: SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10007010 Served 09/01/2004

| | | <u>Compliance</u> | |
|--------------------|----------------------------------|-------------------|-----------|
| Deficiencies Cited | Subject Area | <u>Verified</u> | Corrected |
| 83.14(1)(c) | UNIVERSAL PRECAUTIONS | 11/19/2004 | Yes |
| 83.14(1)(d) | FIRE SAFETY, FIRST AID & CHOKING | 11/19/2004 | Yes |
| 83.21(4)(g) | FAIR TREATMENT | 11/19/2004 | Yes |
| 83.54(1) | WINDOWS | 11/19/2004 | Yes |

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health and Family Services (DHFS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

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Enforcement History

Date: 08/31/2004 SOD #10007010 Appealed: No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

FORFEITURE---83.13(1)(d) FORFEITURE---83.14(1)(c) FORFEITURE---83.21(4)(g)

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